

South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Faculty Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

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Phor	ne Number:	0051038-842	1	Fax Number	:605-638-	8418		
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(For new RN facult	y, attach resume/work his	tory with evid	lence of minimum 2				
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This	section to be co	ompleted by the South	Dakota Boa	rd of Nursing				
Date	Application Recei	ived: 5/18 /2012		Date Notice Sent to Institution:				
Date	Application Appro	· · · · · · · · · · · · · · · · · · ·		Date Application Denied:				
Expir	ation Date of App		4	Reason:				
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	d Representative:		<u></u> `.	•				



Date Application Received: 5/18/19

Date Application Approved: 5/21/12

Expiration Date of Approval: Board Representative:

South Dakota Board of Nursing

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Medication Administration Training Program for Unlicensed Assistive Personnel
Application for Re-Approval of Training Program

Application						
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hone Number: 1 05 - 1038 -	- 154	Fax Number	r: <u>1005-1038</u> -	<u>- 8418</u>		
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Date Notice Sent to Institution: Application Denied. Reason:

5/16/12